ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

P. O. Box 3750

Little Rock Arkansas 72203-3750

Telephone: (501) 682-2824
Fax: (501) 682-2827
www.arkansas.gov/pels
josepht.clements@arkansas.gov

Date Application Re	eceived:
Check:	
Approve for Exam Approve for Recip Approve for Reins.	Interview Discuss Reject

PE APPLICATION

Important -Do not complete this form until you read the instructions and the guidelines and you understand what is required. All information must be **typed** and all questions must be answered. Your application fee must accompany this form.

this form. 1. Name in full:	2 Date:		
3. If you have ever used another name, list h			
4. S. S. No.			
5. Phone #(O) Ex	t		
/H)	x		
6. Date of Birth:			
7. E-mail address:			
8. Mailing address:			
		Attach recent photo with fac	e
		not less than 3/4 inch wide	•
Is mailing address company address? Yes _	No	Please tape sides down.	
9. Employer:			
11. Are you applying for written exam in Arka	ansas? Yes No		
12. Exam Discipline			
		Photo taken20	
13. Are you applying for registration by recip	rocity? Yes No		
14. Are you applying for reinstatement regist	ration? Yes No A	R PE #	
15. Indicate below examination data and Sta	te		
Fundamentals of Engineering exam: StateExam da	month/year ate: EI #		
Principle & Practice of Engineering exam: StateExam da	nte: EI #		
16. State and Date of first registration as a P	E State	Date	
17. Other States in which you are registered	as a PE		_
18. Have you previously filed an application v	with this Board for any purpos	se (includes Engineer Intern)?	
Yes No			
19. Have you been denied registration in any	State or Territory? Yes	No	
State Date			

3. Are charges pending a	ce or negligence in any state or against you for professional mis	conduct, unprofessi	onal conduct, incompe	
explained in Item 24).	e or country? Yes No	_ (Aπirmative answ	ers to questions 18 thr	u 23 snouid de
•	ative answers for questions 18	thru 23 on pages on	e and two	
	COLLEGE E	EDUCATION		
25. Institution Attended	Period of Attendanc		Date	Degree
Name Location	From To Year	s <u>Major</u>	Graduated	Received
	REFERENC	FS		
	IVE: EIVEIVO			
	es of five (5) references of which			
	of your character, professional a current or previous supervisor		omplistiments. At leas	
	·		State of P	
Name	Address	Phone #	Registration	on
				

AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE

State of	County of
Name of Applicant	, being first duly sworn, deposes and says
belief the statements contained in this application	read the contents hereof, and to the best of my knowledge and are true in substance and effect and are made in good faith with the Rules of Professional Conduct set forth in the Rules of
Arkansas State Board of Registration for Profession concerning my qualifications for professional regis	y or institution with whom I have been associated to furnish the onal Engineers and Land Surveyors with any information stration in Arkansas which they have on record or otherwise, institution and all individuals connected therewith from all the as a result of their furnishing such information.
Subscribed and sworn to before me this:	
day of,20	
	(Signature of Applicant)
(SEAL) My Commission expiresday of	,20
	(Signature of Notary Public)

NOTE TO APPLICANTS: It is your responsibility to see that the reference and verification forms are returned **directly** to the Board office. This application cannot be considered until all transcripts; verification forms and reference forms are returned.